



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600**

**APPLICATION TO RENEW FLAMMABLES LICENSE**

**GROVE STREET REALTY TRUST  
C/O EASTPORT REAL ESTATE  
318 BEAR HILL RD  
WALTHAM, MA 02451**

License #: **868**  
City # **F175**  
Fee: **550.00**  
Account ID: **495**  
Reference #: **868**

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

<b>INFORMATION ON FILE:</b>	<b>CHANGES: (Note below or explain on a separate sheet)</b>
Business/DBA Name: <b>GROVE STREET REALTY TRUST</b> Business Location: <b>48 GROVE ST</b> Business Phone: <b>781-890-5855 X123</b>	
License Holder: <b>GROVE STREET REALTY TRUST C/O EASTPORT REAL ESTATE 318 BEAR HILL RD WALTHAM, MA 02451 781-890-5855 X123</b>	
Mailing Address: <b>GROVE STREET REALTY TRUST C/O EASTPORT REAL ESTATE 318 BEAR HILL RD WALTHAM, MA 02451</b>	
Business Type: <b>TRUST TRUSTEE - BARRY KOROBKIN TRUSTEE - WILLIAM KAPLAN</b>	
FID: <b>042968097</b>	
Food Manager/Emergency Contact: <b>MICHAEL JAFFE</b> <b>781-389-4230</b>	

Conditions: *(to change any conditions, submit a new application. Contact the City Clerk's Office for more information)*

Hours: **MO-SU 5 AM - MIDNIGHT**

**500 GALLONS**

Description of Location and/or Other Conditions:  
**Originally Issued 6/26/1997, 500 Gals. Gasoline.**

I hereby certify under the penalties of perjury that the following is true:

-All information shown above is true and accurate.

-Any changes above are subject to the approval of the BOARD OF ALDERMEN.

-I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone \_\_\_\_\_



**CITY OF SOMERVILLE  
BOARD OF ALDERMEN  
93 HIGHLAND AVENUE  
SOMERVILLE, MA 02143  
(617) 625-6600**

**APPLICATION TO RENEW FLAMMABLES LICENSE**

Grove Street Realty Trust  
c/o Eastport Real Estate  
318 Bear Hill Road  
Waltham, MA 02451

License #: 868  
 Fee: City # F175  
550.  
 Account ID: 495  
 Reference #: 868

Review and update the information below. If you have workers compensation insurance, attach proof showing the insurer and policy number. Then sign the Acknowledgment and return this form with your fee to the City Clerk's Office.

INFORMATION ON FILE:	CHANGES: (Note below or explain on a separate sheet)
Business/DBA Name: Grove Street Realty Trust Business Location: 48-50 Grove Street Business Phone: 781-890-5855	
License Holder: Grove Street Realty Trust c/o Eastport Real Estate 318 Bear Hill Road Waltham, MA 02451 781-890-5855	
Mailing Address: Grove Street Realty Trust c/o Eastport Real Estate 318 Bear Hill Road Waltham, MA 02451	
Business Type: Real Estate Trust Trustee - Barry Korobkin Trustee-William Kaplan	
FID: <u>04 296 8097</u>	
Food Manager/Emergency Contact: <b>MICHAEL JAFFE</b> <span style="float: right;">781-389-4230</span>	

Conditions: (to change any conditions, submit a new application. Contact the City Clerk's Office for more information)

Hours: **MO-SU 5 AM - MIDNIGHT**

Description of Location and/or Other Conditions:

Originally issued 6/26/1997, 500 Gals. Gasoline

I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the BOARD OF ALDERMEN.
- I have filed all State tax returns and paid all State taxes required by law for this business.

Signature: *Michael Jaffe* Date 4/23/14  
 Print Name: Michael Jaffe Phone 701 890 5855



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Business

Applicant information:

Name: Grove Street Realty Trust dba Eastport Real Estate Services

Address: 318 Bear Hill Rd

City: Waltham State: MA Zip: 02451 Phone #: 781 890 5855

- I am an employer with \_\_\_\_\_ employees (full and/or part time).  
 I am a sole proprietor or partnership and have no employees.  
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.  
 We are a nonprofit organization staffed by volunteers and have no employees.
- Business Type:  Retail  
 Restaurant/Bar/Eating Establishment  
 Office and/or Sales (real estate, auto, etc.)  
 Nonprofit  
 Entertainment  
 Manufacturing  
 Health Care  
 Other Office Bldg

Workers' compensation insurance information (if applicable):

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] as agent for Grove Street Realty Trust Date: 4/23/2014

Print Name: Michael Jaffe

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: \_\_\_\_\_ Permit/License #: \_\_\_\_\_

- Board of Health  
 Building Department  
 City/Town Clerk  
 Licensing Board  
 Selectmen's Office  
 Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_